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By Lata Olivier

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#7/4-10-52
2822
PATENT

Attorney Docket No. 108865-005800US
Client Ref: 17732-21200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Maria Cristina B. Estacio

Application No.: 09/805,597

Filed: March 12, 2001

For: DUAL STACKED DIE PACKAGE

Examiner: Monica Lewis

Art Unit: 2822

RESPONSE TO RESTRICTION
REQUIREMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the restriction requirement mailed February 13, 2002, applicant elects to prosecute claims 1-4, drawn to a dual stacked die package. Applicant reserves the right to prosecute Claims 5 and 6, drawn to a method of manufacturing a dual stacked die package in a separate application.

Respectfully submitted,

Kevin T. LeMond
Reg. No. 35,933

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MAR 25 2002

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	09/805,597
		Filing Date	March 12, 2001
		First Name and Inventor	Estacio, Maria Cristina B.
		Group Art Unit	2822
		Examiner Name	Monica Lewis
Total Number of Pages in This Submission	2	Attorney Docket Number	018865-005800US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
		Remarks <div style="border: 1px solid black; padding: 5px;">The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</div>

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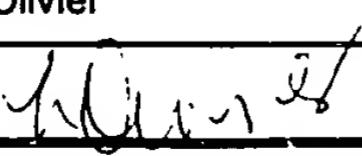
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Kevin T. LeMond	
Signature		
Date	3/1/02	

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Typed or printed name	Lata Olivier	
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